



THRIFT SAVINGS PLAN DESIGNATION OF BENEFICIARY

TSP-U-3

Use this form to designate a beneficiary or beneficiaries to receive your uniformed services Thrift Savings Plan (TSP) account after your death. **Read the instructions on the back to assist you in completing this form.** Type or print the information requested. Do not alter this form or the information you enter; if you need to make a correction or change your entries, start over on a new form. If you have a civilian TSP account, you will need to make a separate TSP beneficiary designation for that account on Form TSP-3.

I. INFORMATION ABOUT YOU

1. Name _____
Last First Middle

2. _____ 3. _____ 4. (_____) _____
Social Security Number Date of Birth (Month/Day/Year) Telephone (not DSN)

5. Address _____
Street Address or Box Number

6. _____ 7. _____ 8. _____
City State Zip Code

II. DESIGNATING YOUR BENEFICIARIES

Indicate in whole percentages or fractions the share of your uniformed services TSP account to be paid to each beneficiary.

1. _____ Share: _____
Beneficiary Name (Last) (First) (Middle)

Street Address or Box Number

City State Zip Code

Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

2. _____ Share: _____
Beneficiary Name (Last) (First) (Middle)

Street Address or Box Number

City State Zip Code


Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

3. _____ Share: _____
Beneficiary Name (Last) (First) (Middle)

Street Address or Box Number

City State Zip Code

Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

 ☐ Check here if additional pages are used. Number of additional pages _____ (See back of form.)

III. YOUR SIGNATURE

Sign and date this section. Your signature must be witnessed in Section IV.

Participant's Signature Date Signed

IV. WITNESSES TO SIGNATURE

This form is valid only if it is witnessed by two persons. The witnesses must be age 21 or older. (A witness cannot be a beneficiary of any portion of your TSP account.) By signing below, the witnesses affirm that the participant (a) signed Section III in their presence, or (b) informed them that the signature in Section III is the participant's own signature.

Witness 1 _____
Typed or Printed Name of First Witness Signature of First Witness

Witness 2 _____
Typed or Printed Name of Second Witness Signature of Second Witness

INFORMATION AND INSTRUCTIONS

Make a copy of this form for your records. Mail the original to:

Thrift Savings Plan Service Office
National Finance Center
P.O. Box 61135
New Orleans, LA 70161-1135
Telephone number: (504) 255-6000
TDD: (504) 255-5113

Your semiannual participant statement will show the date of your most recent designation.

Designating a beneficiary. This Designation of Beneficiary form applies **only** to the disposition of your uniformed services Thrift Savings Plan (TSP) account after your death. It does not affect the disposition of your civilian TSP account or the disposition of your uniformed services retirement benefits or any other benefits.

It is only necessary to designate a beneficiary if you want payment to be made in a way other than the following order of precedence:

1. To your widow or widower.
2. If none, to your child or children equally, and descendants of deceased children by representation.
3. If none, to your parents equally or to the surviving parent.
4. If none, to the appointed executor or administrator of your estate.
5. If none, to your next of kin who is entitled to your estate under the laws of the state in which you resided at the time of your death.

In this order of precedence, a child includes a natural child and an adopted child, but does not include a stepchild whom you have not adopted; parent does not include a stepparent, unless your stepparent has adopted you. "By representation" means that if one of your children dies before you do, that child's share will be divided equally among his or her children.

Making a valid designation. To name beneficiaries to receive your uniformed services TSP account after you die, you must complete this form, and it must be received by the TSP on or before the date of your death. Do not submit a will to designate beneficiaries for your TSP account; a will is not valid for the disposition of a TSP account. You may, however, designate an estate or trust on Form TSP-U-3.

You are responsible for ensuring that your Form TSP-U-3 is properly completed, signed, and witnessed (see the Instructions for Section II in the right-hand column). Do not submit an altered form; if you need to correct or change the information you have entered on the form, start over on a new form.

Changing or cancelling your designation of beneficiary. This Designation of Beneficiary will stay in effect until you submit another valid Form TSP-U-3 naming other beneficiaries or cancelling prior designations.

Keep your designation (and your beneficiaries' addresses) current. If your family status changes due to marriage, birth or

adoption of a child, divorce, or death, you may want to change your designation.

If your beneficiaries predecease you. The share of any beneficiary who dies before you die will be distributed proportionally among the surviving designated TSP beneficiaries unless a designated contingent beneficiary is alive at your death. If none of your designated beneficiaries is alive at the time of your death, the standard order of precedence will be followed.

INSTRUCTIONS FOR SECTION II. You may name as a beneficiary any person, corporation, trust, or legal entity, or your estate. Note: If the beneficiary is a minor child, benefits will be made payable directly to the child.

If you need additional space, use a blank sheet of paper. Enter your name, Social Security number, and date of birth, and number the pages. You must sign and date **all** additional pages; the same two witnesses who signed the form must also sign each additional page.

Enter the share for each beneficiary as a whole percentage or a fraction. Percentages must add up to 100 percent; fractions must add up to 1.

The examples show you how to name a beneficiary or cancel prior Designations of Beneficiary.

- For each person you designate as a beneficiary, enter the full name, share, address, Social Security number (SSN), date of birth, and relationship to you. If you do not have all the requested information, you must provide at least the beneficiary's name, the beneficiary's share, and either the SSN or date of birth.
- You may designate one or more contingent beneficiaries, but **only** to receive a beneficiary's share if that beneficiary dies before you do.
- If the beneficiary is a corporation or other legal entity, enter the name of the entity on the name line. Enter the legal representative's name and address on the address lines. Enter the Employer Identification Number (EIN). Leave the date of birth and relationship blank.
- If the beneficiary is a trust, enter the name of the trust on the name line. Enter the trustee's name and address on the address lines. Enter the EIN, if available. Leave date of birth blank. Enter "Trust" on the relationship line. Note: Filling out this form will not create a trust.
- If the beneficiary is an estate, enter the name of the estate on the name line. Enter the executor's name and address on the address lines. Enter the EIN, if available. Leave date of birth blank. Enter "Estate" on the relationship line.

INSTRUCTIONS FOR SECTION IV. Do not ask the individuals you name as beneficiaries of your TSP account to witness your Form TSP-U-3. A person named as a TSP beneficiary who is also a witness cannot receive his or her share.

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. Chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you provide to process your TSP election. This information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies investigating a violation of civil or

criminal law, or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries. We may also disclose relevant portions of the information to appropriate parties engaged in litigation. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your Designation of Beneficiary.

EXAMPLES OF DESIGNATING A BENEFICIARY

I. DESIGNATING ONE BENEFICIARY

1. Morgan	Katherine	Anne	Share: 100%
Name (Last)	(First)	(Middle)	
1279 Lake Avenue			
Street Address or Box Number			
New Orleans	LA	70124	
City	State	Zip Code	
923-45-6789	6/22/42	Sister	
Social Security Number/EIN	Date of Birth (Month/Day/Year)	Relationship	

Do not write name as K.A. Morgan or as Mrs. Keith H. Morgan.

II. DESIGNATING MORE THAN ONE BENEFICIARY

1. Larson	Susan	Maria	Share: 1/4
Name (Last)	(First)	(Middle)	
4231 Oregano Street			
Street Address or Box Number			
Cincinnati	OH	45239	
City	State	Zip Code	
934-56-7890	9/7/50	Sister	
Social Security Number/EIN	Date of Birth (Month/Day/Year)	Relationship	

Be sure that the shares to be paid to the beneficiaries add up to 100 percent if using percentages, or to 1 if using fractions.

2. Larson	Elliott	Harris	Share: 1/4
Name (Last)	(First)	(Middle)	
4231 Oregano Street			
Street Address or Box Number			
Cincinnati	OH	45239	
City	State	Zip Code	
945-67-8901	4/20/52	Brother	
Social Security Number/EIN	Date of Birth (Month/Day/Year)	Relationship	

If you use additional pages, be sure to put your name, Social Security number, and date of birth on each page. You and the same two witnesses (who are not beneficiaries) must sign each page. Put the date you signed the form on each additional page.

3. Steinway	Sarah	Ruth	Share: 1/2
Name (Last)	(First)	(Middle)	
P.O. Box 812			
Street Address or Box Number			
Covington	KY	40117	
City	State	Zip Code	
956-78-9012	12/2/60	Friend	
Social Security Number/EIN	Date of Birth (Month/Day/Year)	Relationship	

III. DESIGNATING A CONTINGENT BENEFICIARY

1. If living: Kraus	Michael	Thomas	Share: 70%
Name (Last)	(First)	(Middle)	
6287 Laurel Post Drive			
Street Address or Box Number			
Stone Mountain	GA	30058	
City	State	Zip Code	
967-89-0123	3/12/36	Father	
Social Security Number/EIN	Date of Birth (Month/Day/Year)	Relationship	

You may designate one or more contingent beneficiaries, but only to receive a beneficiary's share if that beneficiary dies before you do. Note: If a named beneficiary dies, you may prefer to submit another Form TSP-U-3 to change your designation(s).

2. Otherwise to: Kraus	Cecilia	Jean	Share: 70%
Name (Last)	(First)	(Middle)	
6287 Laurel Post Drive			
Street Address or Box Number			
Stone Mountain	GA	30058	
City	State	Zip Code	
978-90-1234	8/16/44	Stepmother	
Social Security Number/EIN	Date of Birth (Month/Day/Year)	Relationship	

In this example, Cecilia Kraus is the contingent beneficiary for Michael Kraus only.

3. Richardson	Melissa	Anne	Share: 30%
Name (Last)	(First)	(Middle)	
9842 Magnolia Drive			
Street Address or Box Number			
Columbus	GA	30161	
City	State	Zip Code	
989-01-2345	11/6/70	Sister	
Social Security Number/EIN	Date of Birth (Month/Day/Year)	Relationship	

If Cecilia Kraus is also to receive the share of Melissa Richardson in the event that Melissa dies before you do, Cecilia should be named as the contingent beneficiary for Melissa Richardson in the same manner as she was for Michael Kraus.

Detach here

EXAMPLES OF DESIGNATING A BENEFICIARY (continued)

IV. DESIGNATING A CORPORATION OR LEGAL ENTITY

1. **The XYZ Foundation** Share: **100%**
Name [Name of corporation or legal entity]
c/o Eleanor Jarvis, Legal Representative 64730 Connecticut Ave.
Street Address or Box Number [Name of Legal Representative and Legal Representative's address]
Bethesda MD 20815
City State Zip Code
99-0123456 [Leave blank] [Leave blank]
Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

V. DESIGNATING A TRUST

1. **John P. Manos Trust** Share: **100%**
Name [Name of trust]
c/o Eric P. Manos, Trustee 1111 Delaware Lane
Street Address or Box Number [Name of Trustee and Trustee's address]
New York NY 14607
City State Zip Code
92-3456789 [Leave blank] **Trust**
Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

VI. DESIGNATING AN ESTATE

1. **Estate of Ruth R. Jones** Share: **100%**
Name [Name of estate]
c/o Marilyn D. McClain, Executor 150 Rossmoyne Drive
Street Address or Box Number [Name of Executor and Executor's address]
Alameda CA 94510
City State Zip Code
[If available] [Leave blank] **Estate**
Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

VII. CANCELLING A DESIGNATION OF BENEFICIARY

1. **Cancel prior designations** Share: _____
Name (Last) (First) (Middle)
Street Address or Box Number
City State Zip Code
Social Security Number/EIN / / Date of Birth (Month/Day/Year) Relationship

This will cause your account to be paid according to the order of precedence (unless you submit another Form TSP-U-3).